NATIONAL Assessment Centre S	ervices. put 133	NOSI MURUA ID 676	C1	Done b	V-
	cb description	Date & Time C	ompleted	Done	?
Res No: Ha INC 193 15 15 124	SAS e-filing				
Veh No: 4K2 77774	E-mail (within Shrs, Att	2hrs)			
D.O.A: 28/8/19-10:25	i-Motor Claim For	m M110599	11-001 28	8719 7	10
	i-Motor W/O (Within	: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey R	eport			
TP Insurer:	Ass't Report by Fax	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: SCMS	0	INC()/Non-INC	E().		
Owner / Driver: (Tel:)	
Policy No: () Period	l: () Cover Type:)	
Confirmed by : (Dat)	
Insured/Driver Liability: (%) [Not	e-Est. Status (WO):	N: 0-20%; P: 21-799	%. P: 80-1009	6]	
Year of Registration: () War	ranty: YES ()/N	10()			
Excess: (\$) Loading: \$1,000	()/\$2,000()				
General Remarks -			A Land		
() Walk-In Customer: Customer's informa	ation strictly Confiden	tial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail Insurer U			41		
Drive-In ()/ Towed-In (); Invoice: Y); Towing Co: (16)
		- Date&Time C	omple 34	Done	by
Remarks: (INC hotline: 6788 6616)					
	rtesy Car ()		*		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()		•		
Injury:					
Date/Time Actions				MICHELE.	
C.					
					
	3			100	
			and the last section of th	SECON CONTRACT	Amt (3)
No. 151	Inve	oice Preparation Che	klist	Amt (S)	Add Bil
NAMOGIN .	1) AR	: Accident Reporting (\$30)		Y 9172 STATE OF	
laimant's Particulars :-	2) DA	: Damage Assessment (\$100 : Towing Fee); INC (\$80) \$40/\$4	5	
river/Owner:	4) FT	: Follow-Through Survey	\$12 survey) \$3	_	
ontact No:	5) FT For	: Follow-Through Survey (Re claiming against INC Only (wef 10 Jan 2005)	0	
	6) TR	: Re-inspection	\$16		
armaged Portion:	7) N1 8) N7	: Idao DA + SMRT Survey UC Additional Services:-	. 310		
	OI		<u>s</u>	5	
C Checked by (Engr-In-Charge):		5: Courtesy Car / Tpt Allowar 6: Repair Co-ordination	51	0	
N. You have the S.	"Nest the second section of the second	7: Fost Repair Inspection	S2	-	
uditors' Comments :-	*N	8: DV / Collect Excess Coord (N11): TP (Non INC) agains	The second secon		-
at. 1:	9) N1	2: Idac Mobile	Fee Charged	0	and the T
at. 2 / 3;		ce dated ce dated	Fee Charged	SECTION .	

Frank Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACC	DENI	I STAT	-	IEM)	т
ACC	DEN	SIM	- 17		ч

Date Of Report 28/08/2019 14:27

Date Of Accident 28/08/2019 10:25

Exact Location Of Accident JUNC MOULMEIN RD & SHREWBURY RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ7377A

Insured/Policyholder

Name Of Registered Owner LAM YUEN PO
NRIC No S2638514H
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97703376

 Alternative Phone No
 OFFICE-97703376

Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.6L VTI AUTO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

NO

Vehicle Category

PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5095868737-01

Cover Note Number

Driver

 Name of Driver
 LAM YUEN PO

 NRIC No
 \$2638514H

 Date Of Birth
 22/02/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/07/1994

Driving Experience 25 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97703376

Fax Number

Contact Number OFFICE-97703376

EMail Address NOEMAIL

39 JURONG EAST AVENUE 1 Address

#10-04

609776 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190828/7015.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLC1223J

Vehicle Make/Model/Colour

TOYOTA COROLLA

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LAM YUEN PO Name

Approximate Age

Injuries Sustain SKZ7377A Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature

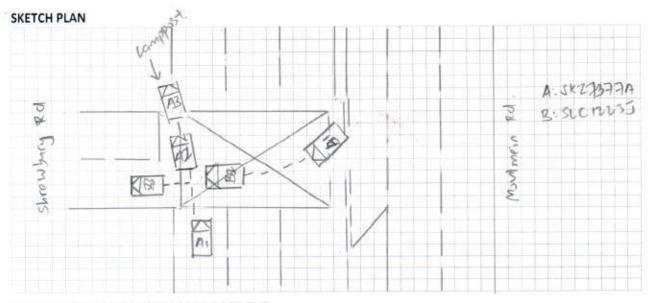
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pater to pote report-Tholgosospiois.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 8 / 19 1(DD/MM/YYYY), TIME: (b : 25)(HH:MM)
LOCATION: JUNC MONIME , Rd & STITEWLYN Rd.
1. DETAILS OF VEHICLE
DIVEHICLE NUMBER: SKEA374
DINSURANCE COMPANY: NICE
CIPOLICY NUMBER: 5 095868737 0/.
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
MAKE & MODEL:
f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / NOTORCYCLE / OTHERS)
DIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) h) PURPOSE OF USING AT ACCIDENT TIME
h) PURPOSE OF USING AT ACCIDENT TIME: POWER COMMERCIAL / MOTORCYCLE)
THE TOO CLAIMING LINDER VOLID OWN IN THE
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
AINAME: LAM YMED PO
b) NRIC/FIN/PASSPORT: \$ 26385144 (MACE / FEMALE)
CIADDRESS 34 7 CONTACT: 932376
JAMONG EGH AVONE 1 & 10-04 (6047) 76)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(Including driver) a)NAME:
(V) DINNE / FIN PASSPORT:
lemale CIADDRESS:CONTACT:
*dIDATE OF DISTRICT
*d)DATE OF BIRTH: (2V / V /1953 -)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE: 2011494
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUNCE. 5. a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS
DIROAD SURFACE: (MRY / WAT / OTHERS
S. MAS MAIROUX IN INDEP (INDEX)
THE ORIED TO POLICE MEST NOT
IF TES, PLEASE STATE WHICH POLICE STATION
THE TART VEHICLE
is of passanger of VEHICLE NUMBER: SULLVIJ CPRIVATE Him) including deliver b) DRIVER'S NAME: MODEL: Trysta Carolin.
J - MAINE.
C) NRIC/FIN/PASSPORT.
to of passenger d) VEHICLE NUMBER: LAMP POST. MODEL:
nduding driver f) DRIVER'S NAME: MODEL:
() CONTACT:
Son
2

email =

fax =

VIDEO =





1 of 3

Report No. T/20190828/7015

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 14:10		Made:	Vide Report No.: Station D				
Informa	nt's Partic	ulars	AND WALLEST THE RESERVED	WEST NEWSTANDS AND ADDRESS OF			
Name of LAM YU	Informant: EN PO		Address: 39 JURONG EAST AVENUE	1 #10-04 SINGAPORE 609776			
ID Type / ID No.: NRIC NO / S2638514H			Contact No.: Home/Office: Mobile: 97703376				
National SINGAP	ity: ORE CITIZ	EN	Email: Lamyuenpo@yahoo.com.sg				
Sex: Male	Age: 64	Date of Birth: 22/02/1955	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: grab driver			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2019 10:25	Type of Location T-Junction	
Location: MOULMEIN F Weather: Clear	ROAD	Road Surface:		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis	ion:			Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
SKZ7377A	Car	HONDA	CIVIC+1.6L+ VTI+AUTO	Silver	Slightly Damaged	1		
SLC1223J	Car					0		

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKZ7377A	NTUC Income Insurance Co-Operative Limited	5095868737-01	18/01/2019	17/01/2020		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190828/7015

2 of 3

CONTINUATION OF REPORT

Details of Perso	n involved	HATTING BOOK	E CONTRACTOR OF THE PARTY OF TH				
Any Pedestrian In	nvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA	
Driver	A STATE OF THE PARTY OF THE PAR	te Bushe	THE PARTY OF PERSONS	AF			
Name	LAM YUEN PO		ID No		S2638514H		
Related Vehicle	SKZ7377A (Car)			Contact No.		97703376	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	Discharge NIL			
No. of Days gran	03	Degree o	f Injury	Sligh	t		

On the stated time and date, I was driving my vehicle SKZ7377A along moulmein road on lane 3. Out of a sudden, I saw a vehicle bearing carplate number SLC1223J turning right from opposite lane coming towards my direction. As such, I performed an emergency brake and swerve towards the left which causes my car to hit on to the lamp post. The other party did not stop and alight the vehicle...

Traffic police arrived and the scene, and took some statement from me, I have a case card reference number E/20190828/0041, IO Rashidah, Tel: 65476216.

I will be oversea from 3rd september 2019 to 12 september 2019 I felt uncomfortable and consult a doctor and get 3 days MC.

I have a female passenger because I was driving grab at that point of time.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190828/7015

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2019 14:10
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2638514H





LAM YUEN PO

CHINESE

22-02-1955

HONG KONG





LAM YUEN PO 22 Feb 1955 Date 02 Jul 2003

6111712

Land Transport

PDVL/TDVL

260983



VOCATIONAL LICE.

Licence No : \$2638514H

Name : LAM YUEN PO

Card Issue Date : 14/03/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

25-01-2019

39 JURONG EAST AVENUE 1 #10-04 SINGAPORE 609776

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PLSS DATE

Motorcycles not exceeding 200 cc Motor Curs and Motor Tractors the weight of which unladen does not exceed 2500 kilogram

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Issue Date

13

PRIVATE HIRE CAR VL

14/03/2018

For LKK/NAC Use Only



NP*428A



eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601		10 9000	THE RESERVE THE PERSON NAMED IN			• Change	Language	• Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	NO.				Date	of Accident		28/08/2019	0:25	
	Vehicle	No.(For Motor)	SKZ73	177A		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095868737- 01		LAM YUEN PO	S2638514H	GPC	Third Party	SKZ7377/	SKZ7377A	18/01/2019	17/01/2020
					1	Continue	1				

olicy No.	5095868737-01	Policyholde Name	LAM YUEN	PO	Policyholder NRIC	S2638514H	
Certificate No.							
Address	39 JURONG EAST AVENUE 1	#10-04 PARC 0	ASIS SINGAP	ORE 609776			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/01/2019	Effective Date	18/01/2019	9 00:00	Expiry Date	17/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policy!	holder Mailing Address						
Address 1	39 JURONG EAST AV	/ENUE 1 Add	ress 2	#10-04 PARC OA	SIS	Address 3	SINGAPORE 609776
Address 4		Add	ress Type	Singapore address	5	Post Code	609776
Unit No.	10-04		ited Policy ober	5095868737-01			
) Insure	ed Object: SKZ7377A						
	sements						
☑ Endors							

Claim Handling					·Ex
Accident MT/1059911			9_ACM_COLUMN		
Policy No.	5095868737-01	Vehicle No.	5KZ7377A	GST Registration No.	
Certificate No.	0.000 (0.15 (0.04)				- and the last
Policyholder Name Product Code	FRIVATE CAR INSURANCE	1420042120	4000	Policyholder NRIC	\$2638\$14H
	9770376	Cover Type	Third Party	Loading Contact No.(Home)	
Contact No. (Mobile) Email Address	97703376	Contact No. (Office) Special Remark	0	scode	o In V
KPK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	14.2
NCD Protection	No.	NCD Entitlement(%)	90	Private Hire	Yes
▽ Accident Details	117-11	Comment of the Commen		T. T. Halle, College	
Report Date	28/08/2019 17 19	Accident Report Within 24 hrs	Yes	Acodem Type	Collision - Change / Cross lane
Date of Accident	28/08/2019	Time of Accident hh:mm	10:25	Country of Accident	Singapore
Reporting Centre	20/00/2015	Orange Force	10.25		Singapore
Accident Location	JUNC MOULMEIN RD & SHREWBURY RD	Grange rorce		ICM No.	
* Excess	SURE PRODUCTION OF STREETINGS RD				
Own damage Excess	0.00	Additional Excess	6	Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Dutaide Singapore OD Excess	0.00	Williams and Warrant	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
W Benefits			1.21.20.33		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
□ Policyholder Mailing Ad	idrass				
Abdress 1	39 JURONG BAST AVENUE 1	Address 2	#10-04 PARC DASIS	Address 1	SINGAPORE 609776
Address 4	THE PARTY OF THE P	Address Type	Singapore address	Post Code	609776
Unit No.	10-04	Related Policy Number	5095868737-01	rva cade	963779
♥ OI Driver Info	2000	Committee of the Commit	30-30-37-31		
Driver Name	LAM YUEN PO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2638514H	Driver DOB	22/02/1955
Register Date of Driver License	20/07/1994	Driver Age	64	Driving Experience	25
Contact No.(Mobile)	97703376	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	39 JURONG EAST AVENUE 1	Address 2	PARC DASIS	Address 3	SINGAPORE 609776
Address 4		Address Type	Singapore address	Post Code	609776
Unit No.	10-04				
Does he own a Singapore Registered car?	○ Yesi (No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
	- ACC 4004		1241 W. 15 Carlo	A - 10 M TO 1 0 7 0 9 0	
Claim Type *	DD-MX	Insured Name	LAM YUEN PO	Insured NRJC	S2638514H
Contact No.(Mobile)	97703376	Contact No. (Home)	65614056	Contact No.(Office)	
Email Address		OI Vehicle Number	SKZ7377A	TP Vehicle Number	SLC1223)
Claimant Type Claimant Type *		Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description Preferred Workshop Contact	SKZ7377A / SLC12233 ON 28 Aug 2019	55, 53 est pro-62 person		Name of Preferred Workshop	
No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes v	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/08/2019 17:20	Claim Close Date		Date Received	28/08/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
	Action 1	(- <u>1</u> 89.00)	1220		
Accident No.	MT/1059911	Claim No.	001		
Last Doc: Received	● Yes ○ No	Opload Date	28/08/2019 17:23		
-	Path *		Category *	Confidential Urgen	
		Browse.	A CONTRACTOR OF THE PARTY OF TH		<u> </u>
		Browse.			<u> </u>
		Browse.	Clear Please Select	NO V Normal	
			Clear Calast	The second	(4)

